SUMMARY SHEET

| | Change in Company's premium or rate | e level produced by rate revision effective | July 1, 2005 |
|------------------|---|--|-------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | |
| 3. | Commercial Liability Other Than Auto | \$97,000 | +8.0% |
| <i>3</i> . 4. | Burglary and Theft | \$97,000 | +0.0% |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does N/A | | rritories) or certain classes? If so, specify: | |
| | | rates of an advisory organization, specify o | organization): |

- * Adjusted to reflect all prior rate changes.
 * Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRECEIVED MAR 1 4 2005 SPRINGFIELD, ILLINOIS

American Hardware Mutual Ins. Co Name of Company

Michael Wiseman,FCAS,Treasurer Official - Title

H29219D

SUMMARY SHEET

| 1 | Change in Company's premium or rat | e level produced by rate revision effective | 6-1-05 |
|--------|--|---|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 335,363 | +2.6% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does f | filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| | | | |
| | | | |
| | | s rates of an advisory organization, specify of | |
| Adoj | pting ISO's 2/05 loss costs & 11/04 In | creased Limits, revising multiplier for June | 1, 2005. |
| | | | |
| | | | · |
| | | | |

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Central Mutual Insurance Co.

Name of Company

Louise Wittler Rates & Forms Specialist
Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective $\underline{04/01/05}$.

| | (1) | (2) | (3) |
|-------|--|---------------------------------------|-----------------------------|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. | Automobile Liability Private | Volumo (minois) | Change (FOI) |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$2,833,269.00 | 3.6% (+) |
| | Burglary and Theft | | |
| - | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| _ | Fire | | |
| | Extended Coverage Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | | |
| , . | Life of Insurance | | |
| | - | | |
| | Does filing only apply to cert | ain territory (territories) or d | certain |
| | Classes? If so, specify: NC | | |
| | specify: NC | | |
| | Drief description of filing //f | filips follows votes of an ad | |
| | Brief description of filing. (If Organization, specify | ming follows rates of an ad | visory |
| | organization): | | |
| | 0.ga.n_a | Increase in rates t | o our 1 to 3 Day Special |
| | Events Program. This program. | | |
| | Liquor Liability and OL&T | | |
| | *Adjusted to reflect all prior r | ate changes. | |
| | **Change in Company's prei | mium level which will result | from application of new |
| JIVIS | IONA SINSURANCE | | |
| | TE OF ILLINOIS/IDFPR | | Insurance Company |
| í | MAD O 1000F | Nar | me of Company |
| | MAR 2 1 2005 | | _ |
| ' | | David S. Mirza | a – Senior Vice President |

| (1) | (2) Annual Premium | (3) Percent |
|---|-------------------------------|-------------------------------|
| Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine MAR 1 5 2005 | 1,113,428 | Change (+ or -)** |
| 12. Homeowners 13. Commercial Multi-PerilSPRINGFIELD, ILLINOIS 14. Crop Hail 15. Other Line of Insurance | | |
| Does filing only apply to certain territory (territories) or cer | tain classes? If so, specify: | |
| Brief description of filing. (If filing follows rates of an advi Overall rate decrease for Best Buy Products Replacement P | | ganization): |
| Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. | | |
| | | linois National Insurance Co. |

Senior Filings Analyst
Official-Title

H29219D

Form (RF-3)

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent |
|---------|--|---|-------------------|
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$ 199,922 | 10.6% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | <u> </u> | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| oes f | filing only apply to certain territory | (territories) or certain classes? If so, specify: | |
| | | | |
| | | | w with |
| | | | :: |
| 3riet (| description of filing. (If filing follow | ws rates of an advisory organization, specify of | organization): |
| Rev | ised Animal Liability Program ra | ites and minimum premiums. | |
| | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PECEIVED

MAR 0 8 2005

SPRINGFIELD, ILLINOIS

Markel Insurance Company

Name of Company

Deide Ballmenn

Deidre I Balbuena,

VP Product & Regulatory Services

Official - Title

SUMMARY SHEET

| | revision effective | 5/1/2005 . | • |
|-----|---|---------------------------------------|--|
| | (1) | (2) | (3) |
| | (-) | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 353,282 | -0.02% |
| 4. | Burglary and Theft | | |
| 5. | Glass | · · · · · · · · · · · · · · · · · · · | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| | | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| ** | S 612 | Z | |
| | Does filing only apply to certain territ | ory (territories) or certain | |
| С | classes? If so, specify: | | |
| | | | |
| _ | | | |
| | Brief description of filing. (If filing for | | |
| 0 | organization, specify organization): | Adoption of ISO's Premium | Development Factors for |
| C | ertified acts of terrorism for program yea | r 2005 and a post TRIA environ | ment. |
| - | oranica actor of torrorion, for program you | . Loos and a poor (710) | |
| _ | | | |
| | * Adjusted to reflect all prior rate | changes | DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR RECEIVED |
| * | * Change in Company's premium | level which will | REC LLINOIS/IDEPR |
| | result from application of new r | ates | LIVED |
| | result from application of new r | aics. | MAR 2 9 2005 |
| | | North American Specialty I | nsurance Company |
| | | Name o s | PRINGFIELD, ILLINOIS |
| | | A) 0/11 0/11 = 11 | LLINOIS |
| | | Alsa Shin - State Filings Co | Dordinator |
| | | Officia | l - Title |

H29219D

SUMMARY SHEET

| | | e level produced by rate revision effective | |
|---|--|--|--|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| , | Commercial | Total N/A: Liquor 406 029 | Total N/A; Liquor -3.8% |
| }. • | Liability Other Than Auto | Total N/A; Liquor 406,038 | Total N/A, Liquol -5.878 |
| ļ. | Burglary and Theft Glass | | |
| 5. 5. | Fidelity | | |
| '. '. | Surety | | |
| · }. | Boiler and Machinery | | |
|), | Fire | | |
| I. | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other Line of Insurance | | |
| es, | iling only apply to certain territory (te filing applies to category I, II, III and assault and battery exposure, alcohol | crritories) or certain classes? If so, specify club select risks as defined by underwritin training, and entertainment risks. | : ng for additional insureds and |
| es, sks, ef o | filing applies to category I, II, III and assault and battery exposure, alcohol description of filing. (If filing follows g for -3.8% overall rate change. Introcosing a surcharge for inclusion of add | club select risks as defined by underwritin training, and entertainment risks. rates of an advisory organization, specify lucing buyback surcharge and credits for eitional insureds on policies. Includes new to | organization): |
| es, sks. ief o | filing applies to category I, II, III and assault and battery exposure, alcohol description of filing. (If filing follows g for -3.8% overall rate change. Introduced | club select risks as defined by underwritin training, and entertainment risks. rates of an advisory organization, specify lucing buyback surcharge and credits for eitional insureds on policies. Includes new to | organization): |
| ief o | filing applies to category I, II, III and assault and battery exposure, alcohol description of filing. (If filing follows g for -3.8% overall rate change. Introcosing a surcharge for inclusion of add | club select risks as defined by underwritin training, and entertainment risks. rates of an advisory organization, specify lucing buyback surcharge and credits for eitional insureds on policies. Includes new to | organization): |
| es, sks, ief c illing rope atter | filing applies to category I, II, III and assault and battery exposure, alcohol description of filing. (If filing follows g for -3.8% overall rate change. Introcosing a surcharge for inclusion of add | club select risks as defined by underwritin training, and entertainment risks. Trates of an advisory organization, specify ducing buyback surcharge and credits for elitional insureds on policies. Includes new treness credit from 20% to 15%. | organization): |
| ief (ilingropenter | filing applies to category I, II, III and assault and battery exposure, alcohol description of filing. (If filing follows g for -3.8% overall rate change. Introducing a surcharge for inclusion of add tainment risks. Changing alcohol away djusted to reflect all prior rate changes mange in Company's premium level w sult from application of new rates. | club select risks as defined by underwritin training, and entertainment risks. Trates of an advisory organization, specify ducing buyback surcharge and credits for elitional insureds on policies. Includes new treness credit from 20% to 15%. SURANCE SUR | organization): |
| es, sks, ief c illing rope atter | filing applies to category I, II, III and assault and battery exposure, alcohol description of filing. (If filing follows g for -3.8% overall rate change. Introducing a surcharge for inclusion of add tainment risks. Changing alcohol away djusted to reflect all prior rate changes mange in Company's premium level w sult from application of new rates. | club select risks as defined by underwriting training, and entertainment risks. Trates of an advisory organization, specify ducing buyback surcharge and credits for elitional insureds on policies. Includes new treness credit from 20% to 15%. S. hich will United A 2005 | organization): exclusion for assault and batter tiered debit system for ed States Liability Insurance Name of Company |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level | produced by rate revision effective | 06/01/05 |
|---|---|---------------------------------------|
| (1) | (2) Annual Premium | (3) Percent |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage | | |
| _ | | |
| Liability Other Than Auto | 450,261 | +6.7% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| . Extended Coverage | | |
| . Inland Marine | | |
| . Homeowners | | - |
| . Commercial Multi-Peril | | |
| . Crop Hail | | |
| | | |
| Line of Insurance | | |
| nes filing only apply to certain territory (terr ief description of filing. (If filing follows orage Tank/Dealer and Repair Pollution L te change determined by re-rating in-force | rates of an advisory organization, spe iability program. First rate filing based o | ecify organization): Rate increase fo |
| | | |
| Adjusted to reflect all prior rate changes. | | |
| Change in Company's premium level which | n will result from application of new rates | 5. |
| | Zurio | ch American Ins Co |
| | | Name of Company |
| | hoans | e Socie - Secretary |
| | —————————————————————————————————————— | Official – Title |
| | | Oniciai – Title |
| DIVISION OF IN | SURANCE | |

STATE OF ILLINOIS/IDEPR RECEIVED

MAR 0 7 2005

SPRINGFIELD, ILLINOIS